

# MARYLAND HEALTH CARE COMMISSION

## Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

January 28, 2009

### **Committee Members Present**

Beverly Collins, MD, MBA, MS (via telephone)  
Sara E. Cosgrove, MD, MS (via telephone)  
Jacqueline Daley, HBSc, MLT, CIC, CSPDS (via telephone)  
Maria E. Eckart, RN, BSN, CIC  
Elizabeth P. (Libby) Fuss, RN, MS, CIC  
Lynne V. Karanfil, RN, MA, CIC  
Katie Passaretti, MD (via telephone)  
Peggy A. Pass, RN, BSN, MS, CIC  
Michael Anne Preas, RN, BSN, CIC (via telephone)  
Brenda Roup, PhD, RN, CIC (via telephone)  
Jack Schwartz, Esq. (via telephone)

### **Committee Members Absent**

Steven Goodman, MD, PhD  
Anthony Harris, MD, MPH  
Andrea Hyatt  
William Minogue, MD  
Carol B. Payne  
Eli Perencevich, MD, MS

### **Commission Staff**

Pam Barclay  
Theresa Lee  
Deborah Rajca  
Eileen Hederman  
Deme Umo

### **1. Welcome and Introductions**

Ms. Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone. She welcomed Ms. Peggy Pass who is a new member of the HAI Advisory committee. Ms. Pass was also a member of the original HAI Technical Advisory Committee.

### **2. Review of Previous Meeting Summary (December 1, 2008)**

There were no changes to the last meeting summary.

### **3. Review of Revised Survey Documents and Responses to Hospital Questions and Comments**

#### *Frequently Asked Questions (FAQ) Document*

Ms. Barclay said the committee would review the survey instruments and the FAQ document, which will clarify questions that have or may come up from hospitals.

Ms. Lee stated the FAQ document contains the questions that were discussed at the last committee meeting. The additional questions that came in since the last meeting are highlighted. Ms. Hederman stated that the answers provided were based on previous discussions with the Committee. She said two additional questions came in from hospitals after the meeting concerning the MRSA data reporting requirement. The first question asked if previously positive patients needed to be rescreened. The hospital stated they have had cases of previously positive patients who screened negative by a nasal

swab but positive by a sputum culture in the same day. Ms. Hederman said CDC was contacted to obtain their guidelines for use in the FAQ document. CDC stated if a facility is using the MDRO and CDAD modules they need to follow the NHSN rules and definitions for consistency. According to the CDC, if a facility chooses patient eligibility to be “NHx- No History” then they must obtain a specimen from any patient who does not have documentation of infection or colonization in the past 12 months.

Ms. Barclay said the question is if a patient tested positive several years ago for example, do they need to be rescreened. She stated CDC’s guidelines require rescreening if no screening was performed within the past 12 month period. Ms. Pass asked if a patient screened positive years ago and then screened negative, would they be taken out of isolation. Ms. Barclay stated that is part of the question. Ms. Fuss stated this reporting requirement is not designed to answer all these questions; it is designed to ensure everyone is doing the same screening process. She stated the Committee agreed that the hospital could choose whether or not to rescreen. Ms. Daley stated her hospital has a pop-up feature that alerts staff if a patient is previously positive. If they rescreen, the patient is counted; if they do not rescreen, the patient is not counted.

Dr. Cosgrove stated the CDC document only addresses patients with no history but the question is about known positives. She stated there would be three options: 1) if a patient had never been tested or tested negative greater than 12 months ago, they need to be tested, 2) if the patient has been screened in the last year and was negative, the hospital can choose whether to rescreen or not, and 3) if the patient has a known history of MRSA infection, the hospital can choose whether to rescreen or not. For options 2 and 3, if the hospital rescreens, the patient has to be included in the numerator and denominator; if the hospital does not rescreen, the patient is removed from both the numerator and denominator. She said some hospitals have the flagging system so they can save money by not rescreening known positives. Those hospitals that do not have that capability can rescreen everyone.

Ms. Pass stated that this does not advise hospitals on contact precaution policies and nurses may have questions about why they are doing this screening. Ms. Karanfil reminded the group that the focus is on active surveillance testing and not isolation policies.

Ms. Hederman stated CDC may also want a positive culture within the past 12 months and so previously positive patients from years ago would need to be rescreened. Dr. Cosgrove stated her interpretation was that the 12 month limit pertains to ‘no history’ patients only, not previously positive patients. She said this hospital is asking if a person is MRSA positive once, are they always positive? Dr. Cosgrove states Hopkins takes the stance of once positive, always positive. They can save money by not rescreening. Ms. Fuss said hospitals can pick, but must be consistent on how they report to MHCC. Ms. Karanfil stated the language needs to follow the NHSN guidelines as some hospitals are already reporting through NHSN and we need to be consistent.

Ms. Preas asked if patients not included in this reporting requirement would be captured. All ICU patients may not be included in this if the staff determines some are not eligible for a screening. There is no place to capture those other patients not screened. Ms. Fuss stated the hospitals get to choose their reporting method- all or no history patients. She asked if MHCC would want to know the status of those patients who are screened. Everyone agreed that the status of those patients is not needed at this time.

Ms. Hederman reviewed the second question received that asked if patients who were in the ICU for several weeks before the initiative started had to be screened. She said the discussion within MHCC came to the conclusion that these patients did not need to be screened. Dr. Cosgrove stated for the purposes of this reporting requirement, she agrees. Everyone was in agreement.

Dr. Cosgrove asked that the answer to question 2, regarding the screening of patients in the ICU less than 6 hours, be re-written. She said if patients are in the ICU for a short time and they are tested, they will be counted. However if they are not tested, they would be taken out of the numerator and denominator. MHCC should add the language, if they are unable to test and the patient is in the ICU less than 48 hours, they will be taken out of the reporting requirement. Ms. Barclay stated the 48 hours becomes the threshold and there are a lot of patients who are in the ICU for less than 48 hours. She expressed concern that patients will not be tested until close to 48 hours after admission and many patients will be missed. Dr. Cosgrove stated that is a possibility but the ICUs are given 48 hours to screen by the CDC. Ms. Fuss stated that she did not think hospitals are trying to get around this screening requirement. Ms. Daley asked that “surgery” be deleted from the question to make it more general. Ms. Barclay stated the patients could be described as short stay, for example less than 6 or 8 hours. Ms. Barclay said this document answers actual questions posed by hospitals and possible questions that may come up. Similar questions will be grouped together.

Ms. Barclay asked if there were questions there were additional questions that should be added. Ms. Pass suggested that MHCC include language that clarifies that the initiative does not deal with isolation policy. Dr. Cosgrove suggested that MHCC reiterate that NICUs are excluded.

Ms. Barclay asked if there were any additions to the FAQ section on HCW influenza vaccination. Ms. Daley stated the answer to question 3 should be changed from “health care workers” to “residents and interns.” Dr. Cosgrove stated the question could be updated to state who is included and who is not included.

#### *Active Surveillance Testing for MRSA in all ICUs Survey Instrument*

Ms. Barclay stated the survey would be emailed on a quarterly basis to hospitals. The completed survey would be due 30 days after the end of the quarter. Ms. Hederman reviewed the changes that were made to the survey since the last meeting: 1) question 7 was added asking what quarter was being reported, 2) under part B, the wording was simplified for NHx, and 3) question 9 was added to identify the specific ICU categories where AST was performed. Dr. Roup asked that under “Important Notes” “less than or equal to” be changed to “within.” Ms. Karanfil asked if ICUs would be reported individually by hospitals. Ms. Barclay said we are only requiring an aggregate number from the hospitals and question 9 asks the hospitals to list what ICUs are included in that rate. Ms. Daley asked that the wording in question 9 be changed from “occurred” to “was performed.” Dr. Passaretti suggested that questions 10 and 11 should clearly state that the hospital responses are based on the reporting method. Ms. Fuss said the ICU locations should be a free text box. Ms. Barclay stated that NHSN’s description of the major classifications of ICUs would be used. Hospitals could then write-in their particular ICUs as they may use different names for their ICUs.

#### *Health Care Worker Influenza Vaccination Survey Instrument*

Ms. Hederman reviewed the changes made to the survey: 1) question 7 was added asking for the reporting period, 2) question 11 was added asking for the total number of declinations, and 3) for discussion whether to use the Rhode Island (RI) declination reasons or change it to CDC declination reasons. Ms. Barclay stated the reason to switch to CDC is for national comparison purposes. Maryland will not be able to compare to CDC data using the RI response categories. Ms. Karanfil stated this information was already sent to hospitals and they have likely made declination forms in compliance with our proposed survey categories. After further discussion, the group decided to use the RI categories

#### **4. Next Steps**

##### *Timeline for Dissemination of Official On-Line Surveys*

Ms. Barclay stated the next steps are to finalize the FAQ document and the Survey Monkey instruments and send both to the hospitals in February. The hospitals will have the survey link well in advance of the due date. Drafts of the surveys were sent out to ICPs in November 2008.

##### *Update of Annual Hospital Survey on Infection Control and Prevention Activities*

Ms. Barclay spoke about the survey that was sent to hospitals in 2007 with a variety of questions ranging from software used to specific hospital infection control processes and staffing questions. Some of the data was used in the TAC report and staff learned a lot from compiling the data. The staff will refine the questionnaire and add questions. Ms. Barclay indicated that MHCC plans to make the survey an annual activity. The staff has developed some additional questions and will prepare a draft survey for review at the next meeting. She also noted that the survey is included as an appendix to the TAC report.

#### **5. Other Business**

##### *Update on Hospital Reporting of CLABSI Data through NHSN*

Ms. Lee stated all the hospitals are reporting through NHSN except for McCready, which is exempt. MHCC has CLABSI case counts and we are working towards developing rates for the hospitals using the denominator of central line days. Ms. Lee said the CLABSI case count appears low, but an audit is needed to verify the accuracy and completeness of the data before MHCC can move forward with public reporting. Ms. Barclay said we would come back with some formats on how to report. Ms. Pass said more training is needed from NHSN because hospitals may not be reporting BSIs consistently. Ms. Barclay said the staff needs to interface more with hospitals. She said New York talked with hospitals on how they collected data and MHCC needs to develop that aspect.

##### *Next Meeting- February 25, 2009*

Ms. Barclay stated the next meeting is February 25<sup>th</sup>.

#### **6. Adjournment**

The meeting adjourned at approximately 2:30 p.m.